



Influenza and Pneumonia Death Rates, By Gender, Age-Adjusted Clark County, 1994 through 2001

Why we should care:

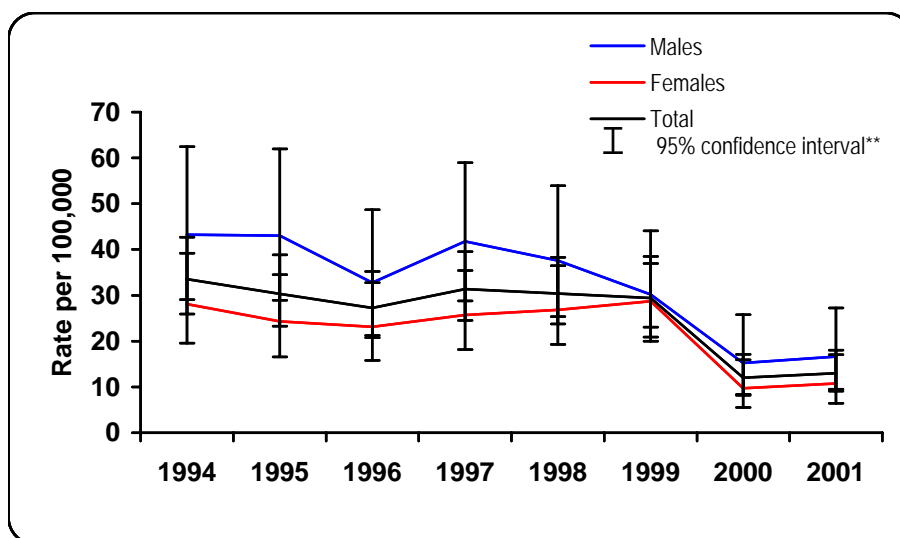
With the aging of the U. S. population, increasing numbers of adults will be at risk for pneumococcal disease and influenza. (1)

Status:

- In Clark County, there was a dramatic decrease in deaths due to influenza and pneumonia in 2000. (2)
- There is no significant difference in death rates due to these diseases between men and women in Clark County. (2)

What we can do:

- Vaccination is an effective strategy to reduce illness and deaths due to pneumococcal disease and influenza. (1) Interventions such as standing orders for vaccination, provider reminders and feedback, and patient notifications and reminders have been effective in increasing adult vaccination levels. (1)
- Utilization of nontraditional sites for vaccinations, such as emergency rooms, would likely increase vaccination levels for populations often difficult to vaccinate through office-based programs. (1) An efficient, accurate method of tracking and communicating information is essential. (1)
- Support funding of vaccines for uninsured and underinsured citizens.



Year	Rate*	Total			Rate*	Male			Rate*	Female		
		95% CI**	Number			95% CI**	Number			95% CI**	Number	
1994	33.5	(25.9, 42.7)	67		43.2	(29.0, 62.4)	32		28.1	(19.6, 39.2)	35	
1995	30.3	(23.3, 38.9)	64		43.0	(28.9, 62.0)	32		24.3	(16.6, 34.5)	32	
1996	27.3	(20.7, 35.2)	59		32.8	(21.3, 48.7)	27		23.1	(15.8, 32.7)	32	
1997	31.4	(24.5, 39.5)	73		41.8	(28.8, 59.0)	35		25.7	(18.2, 35.4)	38	
1998	30.4	(23.8, 38.3)	73		37.6	(25.4, 53.9)	32		26.8	(19.3, 36.4)	41	
1999	29.4	(23.1, 36.9)	74		30.2	(20.0, 44.1)	29		28.7	(20.9, 38.5)	45	
2000	12.0	(8.2, 17.1)	31		15.2	(8.4, 25.8)	15		9.7	(5.5, 15.9)	16	
2001	13.0	(9.1, 18.0)	36		16.6	(9.5, 27.2)	17		10.8	(6.5, 17.0)	19	

See back side for technical notes and resources.



Technical notes:

Rates:

-Much of public health assessment involves describing the health status of a defined community by looking at changes in the community over time or by comparing health events in that community to events occurring in other communities or the state as a whole. In making these comparisons, we need to account for the fact that the number of health events depends in part on the number of people in the community. To account for growth in a community or to compare communities of different sizes, we usually develop rates to provide the number of events per population unit. The following rates are most commonly used:

- Crude mortality rates, or death rates, are calculated by dividing the number of deaths due to a certain cause by the population in which the deaths are occurring in a specified period of time such as one year.
- Age-adjusted death rates are calculated to allow comparisons of death rates between two populations at the same time or the same population at different times. The age-adjustment process removes differences in the age composition of two or more populations to allow comparisons between these populations independent of their age structure.
- Incidence is a way of measuring the risk of a disease in a population. An incidence rate is calculated by dividing the number of new cases of a disease by the population in which the disease is occurring in a defined period of time (e.g. one year) and multiplying this number by 100,000.

Other technical notes:

- * Rate per 100,000 deaths adjusted using the 2000 U.S. Standard Population; deaths coded using ICD 10.
- ** 95% confidence intervals around the death rate; if the confidence intervals for state and county overlap in a given year, there is no significant difference between the rates.

Sources: (1) U. S. Department of Health and Human Services. Healthy People 2010 Conference Edition-Volume One. Pg 14-47. Washington DC, January 2000. (2) Vista





